



KANSAS CORPORATION COMMISSION 1057199
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Thompson, Jerome A. dba Thompson Oil Co		License Number: 32073	
Operator Address: 2260 N Dakota Rd IOLA KS 66749			
Contact Person: jerry thompson		Phone Number: (620) 365 - 5256	
Permit Number (API No. if applicable): 15-001-30103-00-00		Lease Name: East Monfort	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: E-10	
		Source Location (QQQQ): <u> NW </u> <u> NW </u> <u> SW </u> <u> SE </u> Sec. <u> 5 </u> Twp. <u> 24 </u> R. <u> 19 </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u> 1045 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 2440 </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u> Allen </u> County	
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads <u> 7 </u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input checked="" type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u> 06/02/2011 </u>	
Operator Name: <u> Thompson, Jerome A. dba Thompson Oil Co </u>		License No.: <u> 32073 </u>	
Lease Name: <u> east monfort </u>		Sec. <u> 5 </u> Twp. <u> 24 </u> R. <u> 19 </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: <u> allen </u>	
Comments:			
Submitted Electronically			